#### APPLICATION DATA SHEET FORM

## **Application Information**

### **Inventor Information**

Inventor One Given Name::

Richard T.

Family Name::

Lee

Postal Address Line One::

4 Country Drive

City::

Weston

State or Province:: Postal or Zip Code:: MA 02493

Citizenship Country::

US

### **Correspondence Information**

Name Line One::

Elizabeth Robin Plumer

Name Line Two::

Wolf, Greenfield & Sacks P.C.

Address Line One:

600 Atlantic Ave.

City::

**Boston** 

State or Province::

MA

Country::

**USA** 

Postal or Zip Code::

02110

Telephone One::

(617) 720-3500 (617) 573-7843

Telephone Two::

Fax Number:

(617) 720-2441

Electronic Mail::

rplumer@wolfgreenfield.com

# **Application Information**

Title Line One::

CARDIOVASCULAR DISEASE DIAGNOSTIC AND

THERAPEUTIC TARGETS

Total Drawing Sheets::

6 Sheets; Figs. 1-11 (Informal)

Application Type::

Nonprovisional

Docket Number::

B0801/7231 (ERP/KA)

#### **Representative Information**

**Representative Customer Number::** 

23628

### **Continuity Information**

This application is a::

Nonprovisional

Claiming priority to::

60/247,457

Serial Number:: Filing Date::

November 9, 2000